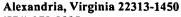
## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
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| CURRENT CORRESPONDENCE   | E ADDRESS (Note: Use Block 1 for   | any change of address)   |  | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying   |   |  |
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| 44987 7590 08/29/2005<br>HARRITY & SNYDER, LLP<br>11240 WAPLES MILL ROAD<br>SUITE 300<br>FAIRFAX, VA 22030   |  | NOV 1 6 2005   |  | papers. Each additions have its own certificat  | al paper, such as an assignme of mailing or transmission.  rtificate of Mailing or Transis Fee(s) Transmittal is bein with sufficient postage for fir I Stop ISSUE FEE address TO (571) 273-2885, on the control of the | ent or formal drawing, must  |
|  |  | B  |  |   |   | (Depositor's name)   |
| 17/2005 HALI22 00000   | 249 09751449   | THAPEN   |  | <u> </u>  | <del> </del>  | (Signature)  |
| FC:1501  | 1400.00 OP   | ПАВІЗ  |  |   |   | (Date)   |
| APPLICATION NO.  | FILING DATE .  | F  | IRST NAMED   | INVENTOR  | ATTORNEY DOCKET NO.   | CONFIRMATION NO.   |
| 09/751,449   | 01/02/2001   | Ross He  |  | itkamp  | 0023-0020   | 7260   |
| APPLN. TYPE nonprovisional   | SMALL ENTITY<br>NO   | ISSUE FEI<br>\$1400  | E  | PUBLICATION FEE<br>\$0  | TOTAL FEE(S) DUE DATE DUE \$1400 11/29/2005   |  |
| EXAMINER   |  | ART UNIT   |  | CLASS-SUBC LASS   | ]   |  |
| CLEARY, THOMAS J   |  | 2111   |  | 710-301000  | •   |  |
| CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  The Address indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.   |  |  | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.   |   |   |  |
| Number is required.  |  | I  |  |   |   |  |
| Number is required.  3. ASSIGNEE NAME AND  |  | E PRINTED ON TH  | HE PATENT  | •   | -   |  |
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